

Health Priority: Social and Economic Factors that Influence Health
Objective 3: Literacy

Long-term (2010) Subcommittee Outcome Objective : By 2010, increase literacy in Wisconsin from 86 % to 91 % percent.

INPUTS	OUTPUTS		OUTCOMES – IMPACT		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Initial Inputs: Convince policy makers to approve plan.</p> <p>Commitment of time and funding from policy-makers and collaborating agencies.</p> <p>Acquisition of funding for the media campaign (grants and general purpose revenue dollars).</p> <p>Baseline data set for literacy developed</p> <p>Engage front line literacy staff in planning local review and initiatives (utilizing new or existing collaborations)</p> <p>Affected individuals, as well as literacy partners, engaged in planning process</p> <p>Medium-Term Inputs: Lead agency and collaborators continue to provide staff support Assure continuation funding for system changes and media efforts</p> <p>System changes needed to increase and improve adult literacy efforts in Wisconsin are identified and initiated.</p>	<p>System Changes (policy and planning): The Governor’s Council on Literacy will convene a call to action at the State Cabinet level to:</p> <ul style="list-style-type: none"> ▪ Engage major actors, partners, and policymakers. ▪ Determine current and previous efforts. ▪ Readjust system level efforts. ▪ Determine a lead agency. ▪ Hold a Literacy Summit to: <ul style="list-style-type: none"> ▪ Recharge major partners. ▪ Plan to jumpstart new initiatives in regional and local areas. ▪ Identify new and existing collaborations and initiatives. ▪ Minimize redundancies. ▪ Identify need for new resources. ▪ Develop baseline data set for literacy in Wisconsin. 	<p>Department of Public Instruction and Cooperative Educational Service Agencies (CESAs)</p> <p>Voluntary literacy groups</p> <p>School districts (both public and private)</p> <p>Technical college district staff</p> <p>UW System and UW Extension, Cooperative Extension</p> <p>Private colleges and universities</p> <p>Regional library systems</p> <p>Department of Health and Family Services</p> <p>Labor organizations</p> <p>Department of Workforce Development</p> <p>Business system partners (e.g., Wisconsin Manufacturers and</p>	<p>Identify and initiate system changes needed to increase and improve adult literacy efforts in Wisconsin.</p> <p>Identify and obtain resources needed to support system changes directed at the improvement of adult literacy efforts.</p> <p>Increase public knowledge about the link between literacy and health.</p>	<p>Implement system changes, adjust and modify strategies and methods to reach target populations of literacy efforts, after a midcourse review of effects.</p>	<p>Determine if literacy objective of 91% has been achieved.</p> <p>Measure impact of efforts and reset plans for continuing literacy efforts.</p>

Health Priority: Social and Economic Factors that Influence Health
Objective 3: Literacy

INPUTS	OUTPUTS		OUTCOMES – IMPACT		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Resources needed to support system changes directed at improvement of adult literacy efforts are identified and obtained</p> <p>Media plan to increase public knowledge about the link between literacy and health developed and implemented.</p> <p>New strategies and methods for literacy education,** as well as new sites (work places, cooperatives, community centers and neighborhood based schools after hours, residence-based (television) are identified and developed. [**see below.]</p> <p>Best practices for literacy education established/adopted</p> <p>Allied services to support access (outreach, meals, child care) are obtained</p> <p>Health-related issues are incorporated into literacy education.</p>	<ul style="list-style-type: none"> ▪ Involve affected individuals as partners in planning. 	<p>Commerce)</p> <p>Agencies serving target groups (e.g., refugee and immigrant groups)</p> <p>Volunteer organizations (e.g., United Way, Retired Senior Volunteer Programs)</p> <p>Faith-based organizations</p> <p>Other non-governmental organizations and associations</p> <p>Local health departments</p> <p>Tribes</p> <p>Hunger relief agencies</p>			

** Example: *The Grass Roots Approach to Literacy*. (1973). Freire, Paulo. Education for Critical Consciousness. New York: Continuum Publishing Co.

Health Priority: Social and Economic Factors That Influence Health

Objective 3: Literacy

Long term (2010) Subcommittee Outcome Objective:

By 2010, increase literacy in Wisconsin from 86% to 91% percent.

Wisconsin Baseline	Wisconsin Sources and Year
86% in 2000	National Adult Literacy Survey (1993)

Federal/National Baseline	Federal/National Sources and Year
79% in 1993	National Adult Literacy Survey (1993)

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-3	Increase the proportion of persons appropriately counseled about health behaviors.
		1-6	Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.
7 – Educational and Community-based Programs	Increase quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.	7-1	Increase high school completion.
		7-2	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: Unintentional injury, violence, suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
		7-7	(Developmental) Increase the proportion of health care organizations that provide patient and family education.

Definitions	
Term	Definition
Literacy	<p>An adult (over age 16) is functionally able* to use written language at, equal to, or more than a sixth grade level**. For the purpose of this document, this means in any language.</p> <p>*Functionally able is defined as: being able to ride a bus and make two transfers; being able to complete a driver's license application; being able to read a note home from one's child's teacher.</p> <p>** (Levels I and II, 1993 National Adult Literacy Survey)</p>

Rationale:

Literacy was ranked as one of the top four factors that assured good health or access to health care. Literacy is defined by providers of literacy services as the ability of an adult (over age 16) to use written language at a sixth grade level (1).

Improvements in adult literacy will improve public health. According to the National Work Group on Literacy and Health:

“ . . . improved literacy skills of a population are associated with better health status and higher levels of participation in preventive health behavior. . .” and
 “. . . that improved population literacy is independently correlated with improved health status, even when confounding variables such as income, education level, employment, and nutritional status are taken into account” (2).

The National Work Group noted a study (Baker et al, 1996) that demonstrated an association between low levels of reading skills and an increased likelihood of hospitalization (3).

This objective relates specifically to general literacy, rather than “health literacy” (4). While it is generally acknowledged that health literacy is important, general literacy defines a functional base for achieving good health. For example, an adult should be able to read a bus schedule to reach his/her clinic appointment, as well as read a prescription label. The adult should be able to sign a consent form and understand what she/he has signed, whether it is a consent for a surgical procedure or a contract for health club membership.

Education (and literacy) is a key socioeconomic determinant of health. Studies consistently show that individuals with low educational attainment have worse health and earlier deaths than those with educational attainment (5,6,7,8,9,10). However, the pathways linking education and literacy to health are complex and not yet entirely understood. For example, low education and literacy can limit access to good jobs, which in turn, affects income, access to health care, and exposure to social and workplace stress and hazards. Low education and literacy can also affect knowledge, preferences, and access to healthy behaviors (such as avoidance or cessation of smoking, healthful diet, and sufficient exercise). Because the pathways linking education to health are multiple and complex, focusing directly on improving education and literacy may have the strongest impact on health, rather than trying to address the multiple indirect pathways that link education and literacy to health.

While Wisconsin already has a fairly high estimated adult literacy level 86% (11), it is believed that the improvement of literacy in identified low literacy groups will go far to eliminating health

disparities. Identified low literacy groups include, among others: new arrivals to the United States, especially bilingual individuals; people with certain cognitive problems; individuals in juvenile justice and corrections institutions; and adults who have dropped out of kindergarten through 12 education.

It is also believed that this objective will require a multisectoral approach among partners from both a traditional literacy (educational system) base, as well as other community agencies and entities. It is generally accepted that literacy is a social good. And further, systems are already in place to achieve this goal; enhancement of systems is what is needed. Increased collaboration, improved targeting of literacy services, and use of best practices will require some, but not large, additional investment of resources.

Outcomes:

Short-term Outcome Objectives (2002-2004)

- Identify and initiate system changes needed to increase and improve adult literacy efforts in Wisconsin.
- Identify and obtain resources needed to support system changes directed at improvement of adult literacy efforts.
- Increase public knowledge about the link between literacy and health.

Inputs:

Engage governmental and nongovernmental agencies involved in literacy efforts and request representation in planning and collaboration efforts

- Provide funding for collaborative planning and coordination efforts (below)
- Provide funding for identified system changes
- Provide funding for a media campaign directed at target populations and the general public

Outputs:

- *Governor's Council on Literacy convenes a call to action at the State Cabinet level*
- *Convene Literacy Summit of literacy actors and policymakers to:*
 - Identify a lead agency in a new, collaborative state literacy effort.
 - Recharge major actors.
 - Jumpstart new initiatives.
 - Identify collaborations.
 - Minimize redundancies.
 - Identify need for new resources.
 - Develop baseline data set for literacy in Wisconsin.
 - Plan and budget for media campaign (below).
- *Lead agency (identified above) provides:*
 - Guidance for action.
 - Oversight.
 - Data collection and evaluation.
- *Media campaign directed by a public relations is directed at:*
 - Parents who cannot read.
 - New arrivals who cannot read/speak English.
 - Workers in low skill jobs.

- The general public to obtain community support for efforts.
- *Community based literacy efforts will:*
 - Identify new strategies and methods for literacy education.
 - Identify new sites for literacy education (including work places, cooperatives, community centers, schools (after hours), and direct-to-targets (television)).
 - Incorporate health related issues into literacy education.
 - Establish/adopt best practices for literacy education.
 - Provide allied services to support access to literacy services (outreach, meals, child care).

Medium-term Outcome Objective (2005-2007)

- Implement system changes; adjust and modify strategies and methods to reach target populations of literacy efforts, after a mid course review of effects.

Inputs

- Lead agency and collaborators continue to provide staff support.
- Assure continuation funding for system changes and media efforts.

Outputs

- Continue efforts (work plan identified above).
- Evaluate progress and hold a mid-course review for collaborators in the literacy effort.
- Modify work plans.

Long-term Outcome Objective (2008-2010)

- Determine if literacy objective of 91% has been achieved. Measure impact of efforts and re-set plans for continuing literacy efforts.

Inputs:

- Lead agency and collaborators continue to provide staff support
- Assure funding is adequate to ongoing task

Outputs:

- Continue efforts (modified work plans)
- Evaluate progress and make additional modifications
- Develop and disseminate a 2010 literacy report to be folded into a summative Turning Point evaluation
- Celebrate improved literacy in Wisconsin

Evaluation and Measurement:

The evaluation of outcomes will be based on literacy estimates for Wisconsin, both for the general population, as well as targeted groups. At present, rates are measured both by the National Assessment of Adult Literacy survey, as well as by the Federal Bureau of the Census. Further literacy estimates are available through the National Center for Education Statistics. The key actors/partners in this statewide effort will need to determine what series of measures “best fit” measurement needs.

Measurement of process and subobjective outcomes will be performed by the lead agency, as indicated on the modified logic model.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Literacy is linked to the following health and system priorities:

Access to Primary and Preventive Health Services: Being able to read and write are an important part of personal resources that assist persons and families to access health care services.

Social and Economic Factors that Influence Health: Literacy is a critical element that helps determine a person's socioeconomic status directly.

In all of the other priority areas below, literacy holds the key to individual understanding of health, wellness, health risks and use of the health care system.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Literacy is linked to the following essential services:

Foster the understanding and promotion of social and economic conditions that support good health: Literacy is one of the keystones of socioeconomic health in individuals and groups.

Assure access to primary health care for all: Direct access to and appropriate utilization of the health care system requires literacy at a basic level. In an indirect way, literacy assures the conditions (earning a living wage, access to health care insurance) that support access.

Link people to needed health services: Utilization of referrals and resources requires basic literacy.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Eliminate health disparities: Low literacy assures disparate access to health information as well as to health care services.

Protect and promote health for all: Health promotion and protection rests on the ability of the public health system to effectively communicate health messages to the citizens of Wisconsin. Literacy improvements in Wisconsin will help assure that those efforts will be successful.

Transform Wisconsin's public health system: Increased literacy among Wisconsin residents most impacted helps to foster inclusion and greater levels of active participation in the transformation and effectiveness of our health system.

Key Interventions and/or Strategies Planned:

- The focus of this objective will be to enhance and improve collaboration within systems already in place to educate Wisconsin citizens, using traditional and nontraditional partners. The emphasis will be on improved services and targeting of services to our citizens who cannot yet read at a level that allows them full access to the benefits of their citizenship.
- Key strategies will focus on improving the efforts of all literacy service providers through:
 - Identification of a State lead literacy agency.
 - Implementation of a State Literacy Summit.
 - Development of a coordinated statewide work plan, including targeted media efforts.
 - Evaluation and ongoing modification of the work plan.

- Dissemination of the results, including identification of the most effective local literacy methods and strategies.

References:

1. The Subcommittee who developed this template and accompanying logic model for the priority entitled *Social and Economic Factors that Influence Health* includes literacy in any language as meeting this objective. We further recognize that there is a significant fluidity in the definition of literacy, and that there is a subset of the population in Wisconsin who may never be able to achieve literacy (e.g., persons with cognitive impairments, elderly immigrants).
2. Report of the National Work Group on Literacy and Health. *Communicating With Patients Who Have Limited Literacy Skills*. Journal of Family Practice. Vol. 46 (2). February, 1998, pp. 168-178.
3. Ibid, p. 169.
4. Health literacy is defined as “. . . the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make health decisions. Source: <http://www.nlm.nih.gov/pubs/cbm/hliteracy.html>
5. Robert, S.A. and House, J.S. (2000). *Socioeconomic Inequalities in Health: An Enduring Sociological Problem*. In, Handbook of Medical Sociology. 5th ed. Bird, C.E., Conrad, P., and Premont, A.M. eds. Upper Saddle River, NJ. Prentice Hall.
6. Ibid.
7. Adler, N.E. et al. *Socioeconomic Status and Health: The Challenge of the Gradient*. In American Psychologist. 49: 15-24.
8. Feinstein, J.S. *The Relationship Between Socioeconomic Status and Health: A Review of the Literature*. In The Milbank Quarterly. 71:270-322.
9. Marmot, M. et al. *Social Inequalities in Health: Next Questions and Converging Evidence*. In Social Science and Medicine. 44:901-10.
10. Reynolds, J.R. and Ross, C.E. *Social Stratification and Health: Education's Benefit Beyond Economic Status and Social Origin*. In Social Problems. 45:221-247.
11. The state level estimates were created by Stephen Reder of Portland State University in 1996, based on data from the National Adult Literacy Survey and the 1990 U.S. Census.

In addition to the above, the following additional references were used:

- Literacy Volunteers of America at www.literacyvolunteers.org
- Madison Area Literacy Council (communications with Mr. Greg Markle, Executive Director, April 2001).
- National Center for Education Statistics at <http://www.nces.ed.gov/>
- National Institute for Literacy at <http://www.novel.nifl.gov>